

Plan Check # \_\_\_\_\_

**City of Fairfield - Building Division**  
**PLAN CHECK SUBMITTAL FORM**

Submittal Date: \_\_\_\_\_

**Project Location:**

Project Name: \_\_\_\_\_

Project Description: \_\_\_\_\_

Total Valuation: \_\_\_\_\_ or Cost per S.F. \_\_\_\_\_

Valuation Breakdowns: Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_

*Commercial Projects Only*

Parcel Number: \_\_\_\_\_

Acreage: \_\_\_\_\_

Water Meter Size: Domestic \_\_\_\_\_ Irrigation \_\_\_\_\_

Electric Service Size: \_\_\_\_\_ amps

Type of Construction: \_\_\_\_\_ Occupancy Group: \_\_\_\_\_

\_\_\_\_\_ Mechanical \_\_\_\_\_

**Has project been reviewed and approved by Planning?**

Y / N (See below)

**Yes** - Do you have a cover letter as required by the project's Conditions of Approval describing how & when the plans address each of the Conditions of Approval? Y / N (If no, inform permit technician, an additional form must be signed.)

**No** - Project cannot be reviewed by the Building Division, Planning approval must first be granted.

This project includes: Food Preparation Equipment / Hazardous Material / Public Swimming Pool  
 (Circle all that apply)

# of Plan Pages:	_____
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**Building Information**

Building 1:		Building 2:		Building 3:		Building 4:		Building 5:	
Sq. Ft.	# of Bdrms	Sq. Ft.	# of Bdrms	Sq. Ft.	# of Bdrms	Sq. Ft.	# of Bdrms	Sq. Ft.	# of Bdrms

**Contractor Info:**

Contractor's License#: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

**Owner Info:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

**Architect/Engineer Info:**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

**Project Contact:**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_

**Comments**


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Applicant Signature &amp; Date:

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